IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: John Moon et al.

Application No.: 10/661,116	Group No.: 2872
Filed: September 12, 2003	Examiner: Arnel C. Lavarias

For: **METHOD OF MANUFACTURING OF A DIFFRACTION GRATING-BASED OPTICAL IDENTIFICATION ELEMENT**

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1.   Transmitted herewith is an amendment for this application. **Also, included are 8 sheets of drawing comprising of:***

STATUS

2.   Applicant is

    ☒ a small entity. A statement:

        ☐ is attached.

        ☐ was already filed.

    ☐ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING	FACSIMILE
☒ deposited with the United States Postal Service with sufficient postage as first-class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	☐ transmitted by facsimile to the U.S. Patent and Trademark Office.

Signature

Date: 2/14/05

Kelly A. Puglio
(type or print name of person certifying)

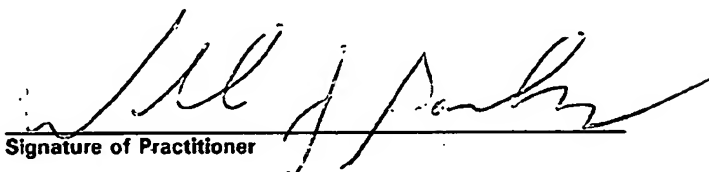***4 replacement sheets and 3 sheets marked to show changes in red ink.**

FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986 (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-0442.

AND/OR

☒ If any additional fee for claims is required, charge Account No. 23-0442.

Signature of Practitioner

Reg. No.: **32,720**

Telephone No.: **(203) 261-1234**

Customer No.: **004955**

William J. Barber
Ware, Fressola, Van Der Sluys & Adolphson LLP
Bradford Green, Building Five
755 Main Street, P.O. Box 224
Monroe, CT 06468

PATENT APPLICATION FEE DETERMINATION RECORD
Effective January 1, 2003

Application or Docket Number: 10/661116

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	15	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	15 minus 20=	* -0-
INDEPENDENT CLAIMS	1 minus 3 =	* 2
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐ OR **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

2/16/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 22	Minus	** 20	= 2
Independent	* 2	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY OR **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$25=	50	OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	50	OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	·	OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in th appropriate box in column 1.